



# What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY  
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

## A MATTER OF LIFE AND DEATH

This issue of *What works? What fails?* is one in a series of interviews conducted with Paramount Chiefs to hear their impressions of the Community Health and Family Planning Project

*Would you say the NHRC has had any impact on health in your paramouncy? (If yes): Could you explain by giving examples?*

The Navrongo Health Research Centre in particular, and in collaboration with the District Health Management Team of the Kassena-Nankana District generally, has done well to improve our health. Children do not fall sick and die as often as they used to in the past. You can see that our women too are healthy. The six childhood killer diseases have almost been eradicated from our town. The Research Centre has also sensitised our people to practise family planning, which has helped them physically, economically and socially. The distribution of insecticide-impregnated

mosquito nets also reduced the rate of malaria infection considerably. So the NHRC has done a great deal for us in terms of health promotion in Kologo.



A cross section of NHRC research scientists whose job it is to improve health indicators in the district

*Did anyone from the NHRC come to talk to you about the Community Health and Family Planning project (CHFP)? (If yes): Can you describe the first such occasion when someone from the NHRC came to talk to you about the CHFP?*

Yes, I remember quite well that is was Dr. Amankwa [now Regional Director of Health Services for the Upper East region] and other staff from the NHRC who came to talk to my elders and me.

*What was discussed at the time?*

It all centred on health and how they wanted us to put our heads together to see how we could improve health in Kologo. I remember very well in those days things were hard—there was widespread hunger, there was no food and no money. We could not send our children to school and when they fell sick it was a matter of life and death.

*What were your immediate impressions?*

We listened to them with keen interest and accepted the chance to cooperate with them to improve health in the community because—after all—it was for our benefit. So I advised my people to embrace the new ideas. The message about family planning, though new to us, hit us the most because we saw clearly that things were becoming more and more difficult and family planning could be a way out of a desperate situation.

***A study has indicated that the ancestors are not averse to family planning. As a traditional ruler, do you agree with this conclusion? Why do you agree or disagree with this conclusion?***

I agree with what the ancestors said. This is because I know it is good to space childbirth so that they can grow healthy. We space crops when we are planting so we can apply the same principle for spacing childbirth.

***Some workers report that there is community apathy about the CHFP. Do you agree with this assertion? (If yes): What have you done to address such issues?***

I do not think that there are some people from my community who are opposed to what the nurse is doing. I have been telling my people if the nurse gets to their houses they should give all the necessary cooperation for her to do her work. Her work is very beneficial to us and we like her.

***Are there any aspects of health that you think have not been addressed under the CHFP? (If yes:) What do you think should be added to the programme?***

What I would like to ask for is for the NHRC to give us one more nurse because the coverage area is just too large for a single nurse to operate in. I think what has been left out is transportation. The NHRC probably thought that with the nurse in our midst we would not have any more complex problems but we do—from time to time. It would also do us a lot of good if there were a means of transport so that we can get to the Navrongo hospital in good time when there is an emergency case. We think this is an aspect of the health referral system that the research people did not consider at the time but which has been revealed to be crucial in complementing the nurse's role. We sincerely hope that you would be able to do so not only for Kologo but also the rest of the district.



***The results of the CHFP have been used to develop a national health policy. Generally, how do you feel about your contribution towards this development?***

Our participation in the programme that has now become a national policy makes me feel happy. I am happy that this has happened and people even come here to study it.

***What are you and your people prepared to do to advance the work of the resident nurse?***

Anything we can do to help we will do willingly if anyone were to ask. If people are needed to do work for you, I will mobilize them. If you call me for a meeting anywhere, at anytime, I will be there.

***Send questions or comments to: What works? What fails?***

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